PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: Eutaw Housing Authority PHA Type: ☑ Small ☐ High PHA Fiscal Year Beginning: (MM/YYYY):	Performing 10/2011		Code: AL146 HCV (Section 8)		
2.0	Inventory (based on ACC units at time of F Number of PH units: 49	Y beginning	in 1.0 above) Number of HCV units: _			
3.0	Submission Type 5-Year and Annual Plan		Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consort	ia: (Check box if submitting a joi	nt Plan and complete table b	elow.)	
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units Program PH	in Each
	PHA 1:	<u> </u>	<u> </u>		PH	HC V
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 on	ly at 5-Year	Plan update.	<u> </u>		
5.2	Mission. State the PHA's Mission for serving jurisdiction for the next five years: THE MISSION OF THE EUTAW HOUSIN OPPORTUNITY AND A SUITABLE LIVING Goals and Objectives. Identify the PHA's of low-income, and extremely low-income fam and objectives described in the previous 5-Y THE GOAL IS TO IMPROVE THE QUALITY UNITS WITH UPGRADES TO THE BATE OF THE HAVE BEEN NO REVISIONS MATCHERE HAVE BEEN NO REVISIONS MATCHERE HAVE SECTION 6.0 of the instruction of the phate of the phate of the phate of the phate of the instruction of the phate	G AUTHOR NG ENVIRO quantifiable pilles for the rear Plan. TY OF LIV HROOMS: S DE. e been revise DE. e public may ons. OFFICE FO	RITY IS TO PROMOTE ADEQUENCE OF THE PROMOTE OF THE PROMO	JATE AND AFFORDABLE MINATION. ble the PHA to serve the need on the progress the PHA has AND RENOVATION OF DEAUCETS. al Plan submission: Annual PHA Plan. For a continuous personal phane of the progress of the phane of the progress of the phane of the progress of the phane of	eds of low-income made in meeting to THE PUBLIC HO	and very the goals DUSING
7.0	Hope VI, Mixed Finance Modernization of Programs, and Project-based Vouchers. In	Developme sclude staten	ent, Demolition and/or Disposit nents related to these programs o	ion, Conversion of Public I as applicable.	Iousing, Homeov	wnership
8.0	Capital Improvements. Please complete Pa	rts 8.1 throu	gh 8.3, as applicable.			_
8.1	Capital Fund Program Annual Statement/ complete and submit the Capital Fund Progr open CFP grant and CFFP financing.	Performanc am Annual S	e and Evaluation Report. As p Statement/Performance and Evalu	art of the PHA 5-Year and Auation Report, form HUD-50	Annual Plan, annua 9075.1, for each cu	ally irrent and
8.2	Capital Fund Program Five-Year Action P Program Five-Year Action Plan, form HUD- for a five year period). Large capital items m	50075.2, and	l subsequent annual updates (on a	rolling basis, e.g., drop cura	and submit the Carent year, and add	pital Fund latest year
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any porfinance capital improvements.	tion of its Ca	apital Fund Program (CFP)/Repla	acement Housing Factor (RH	IF) to repay debt in	ncurred to

9.0

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Based on the waiting list size, there is a need for more affordable housing units, especially for single individuals and those with less than two children. There is also a need for competitive housing units, comparable to the others in the market that have central heating and cooling.

9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

10.0

- a) The PHA maintains a list of the most important needs for providing tenants with affordable and suitable living. Upon each grant award and at every 5-year interval, this list is assessed to determine where the CFP Funds will be most effective. In 2010, we installed insulated metal doors and security screen doors in 45 units. The 2011 Grant Funds will be used to modernize the bathrooms in 15 units, with showers, tubs, toilets, and sinks.
- b) Substantial Deviation from the 5-Year Plan:

This PHA began construction in 1960. No major renovations have been done. The development is built on Prairie Soil and units have began to shift, causing cracked ceilings and foundations. Any deviation from the 5-Year Plan would be to correct those units in dire need of repairs that cannot wait until complete renovation can take place.

- Significant Amendment or Modification to the Annual Plan:

If an amendment or modification is to be made to the proposed plan, then and only then will an amendment be made. Or, if for some reason, enough funds are not available to complete at least one building per year, then an amendment will be submitted for approval of other expenditures.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I:	Part I: Summary			5	Expires 4/30/2011
PHA Na	PHA Name: Eutaw Housing Authority Grant Type and Number Capital Fund Program Grant No: AL09P146501-11 Replacement Housing Factor Grant No: Date of CFFP:	5501-11			FFY of Grant: 2011 FFY of Grant Approval:
Type of (Type of (Type of Grant Goriginal Annual Statement Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no:	sion no:	
Line	Summary by Development Account	Total Es	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	5,000.00			
3	1408 Management Improvements	2,500.00			
4	1410 Administration (may not exceed 10% of line 21)	5,000.00			
8	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	5,500.00			
∞	1440 Site Acquisition				
6	1450 Site Improvement				
01	1460 Dwelling Structures	82,000.00			
111	1465.1 Dwelling Equipment—Nonexpendable				
13	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing
OMB No. 2577-0226

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

					Expires 4/30/2011
Part I: Summary	чттагу				
PHA Name: Eutaw Housing Authority	e: Grant Type and Number Capital Fund Program Grant No: AL09P146501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of C	FFY of Grant Approval:	
Type of Grant	rant				
Origi	Original Annual Statement	rgencies	Revised Ann	Revised Annual Statement (revision no:	
Perfo	Performance and Evaluation Report for Period Ending:		☐ Final Perfor	☐ Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Esti	Total Estimated Cost	Total Ac	Total Actual Cost
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct				
	Payment				
61	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	100,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director	Pate Signati	Signature of Public Housing Director	rector	Date
<u></u>		P			

Page2

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Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part II: Supporting Pages									
PHA Name: Eutaw Housing Authority	sing Authority	Grant Type and Capital Fund Pro CFFP (Yes/No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: AL09P146501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: AL09P146501 ant No:	11-	Federal	Federal FFY of Grant: 2011	110	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
AL146	Operations		1406		5,000.00				
	Mgt Improvement/ Travel/Training	1g	1408		2,500.00				
	Telephone/ copier / internet/ comm cntr coord.	m cntr	1410		5,000.00				
	A/E costs		1430		5 500 00				
	New Showers, sinks, tubs, & toilets	sts	1460		82,000.00		3		
	Total		Total		100.000.00				
		-							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

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Thuly 19,2011

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Fxnires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ummary				Expires 4/30/2011
PHA Nam	PHA Name: Eutaw Housing Authority Grant Type and Number Capital Fund Program Grant No: AL09P-146-501-09 Replacement Housing Factor Grant No: Date of CFFP:	-501-09			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant Original A	nnual Statement ce and Evaluation Report fe		Revised Annual Statement (revision no:	vision no:	
Line	Summary by Development Account	Total E	Total Estimated Cost		Total Actual Cost 1
	, , , , , , , , , , , , , , , , , , , ,	Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	5,000.00		5,000.00	5,000.00
3	1408 Management Improvements	1,059.00		1,059.00	1,059.00
4	1410 Administration (may not exceed 10% of line 21)	5,000.00		5,000.00	5.000.00
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00		5.000.00	5.000.00
8	1440 Site Acquisition				
6	1450 Site Improvement	18,598.39		18,598.39	18,598.39
10	1460 Dwelling Structures	41,651.61		41,651.61	41,651.61
=	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	9,300.00		9,300.00	9.300.00
14	1485 Demolition		:		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

					Expires 4/30/2011
rart I:	Part I: Summary				
PHA Name: Eutaw Housing Authority	ousing Grant Type and Number Capital Fund Program Grant No: AL09-P146-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of	FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant	rant				
Origi	Original Annual Statement Reserve for Disasters/Emergencies	Sa	Revised Ann	Revised Annual Statement (revision no:	~
∑ Perfo	Performance and Evaluation Report for Period Ending:		☐ Final Perfor	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total E	Total Estimated Cost	Total	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct				
	Payment				
61	1502 Contingency (may not exceed 8% of line 20)	5 5 5 5 5 5 5			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$85,609.00		\$85.609.00	00 609 888
21	Amount of line 20 Related to LBP Activities				000000000000000000000000000000000000000
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director & Pate	19, 2011 Signa	Signature of Public Housing Director	rector	Date
>					

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Office of Public and Indian Housing Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages								
PHA Name: Eutaw Housing Authority	ng Authority	Grant Type and Number Capital Fund Program Grant No: AL09-P146-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: AL09-P146-50	01-09	Federal	Federal FFY of Grant: 2009	600	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	k Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
AL146	Operations	1406	:	5,000.00		5.000.00	5.000.00	
	Travel/Training	1408	:	1,059.00		1,059.00	1,059.00	
	Telephone/ copier lease/ internet/ p-t assist	1410		5,000.00		5,000.00	5,000.00	
	A/E costs	1430		5,000.00		5,000.00	5,000.00	
	Property Fence/ sidewalk grinding	1450		18,598.39		18,598.39	18,598.39	
	New windows & security window screens/ pressure wash buildings	1460		41,651.61		41,651.61	41,651.61	
	Company Truck	1475		9,300.00		9,300.00	9,300.00	
	Total			\$85,609.00		\$85,609.00	\$85,609.00	
		:						

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Property Olyano Completed for the Performance and Evaluation Report.

form **HUD-50075.1** (4/2008)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: §	Part I: Summary				Expires 4/30/2011
PHA Nan	PHA Name: Eutaw Housing Authority Grant Type and Number Capital Fund Program Grant No: AL09P146 Replacement Housing Factor Grant No: Date of CFFP:	6501-10			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant Original A	nnual Statement ce and Evaluation Report fo		Revised Annual Statement (revision no:	evision no:	
Line	Summary by Development Account	Total E	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	5,000.00		5,000.00	5.000.00
3	1408 Management Improvements	3,168.12		3,168.12	1.502.70
4	1410 Administration (may not exceed 10% of line 21)	4,331.88		4.331.88	1 252 03
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	5,500.00		5.500.00	2 009 00
∞	1440 Site Acquisition				20.006
6	1450 Site Improvement				
10	1460 Dwelling Structures	66,806.00		66.806.00	38 761 08
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

1					Expires 4/30/2011	
ran I:	ran I: Summary					
PHA Name: Eutaw Housing Authority	ne: Grant Type and Number Capital Fund Program Grant No: AL09P146501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of C	FFY of Grant Approval:		
Type of Grant	rant					
Orig	Original Annual Statement Reserve for Disasters/Emergencies	s	Revised Ann	Revised Annual Statement (revision no:		
Perf	Performance and Evaluation Report for Period Ending:		☐ Final Perfor	Final Performance and Evaluation Report	,	
Line	Summary by Development Account	Total Es	Total Estimated Cost	Total	Fotal Actual Cost 1	
		Original	Revised 2	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					T
18ba	9000 Collateralization or Debt Service paid Via System of Direct					
	Payment					
19	1502 Contingency (may not exceed 8% of line 20)				 	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	84,806.00		84.806.00	48 524 81	
21	Amount of line 20 Related to LBP Activities				10:11:00	
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs			1) 1) 1) 1)		
25	Amount of line 20 Related to Energy Conservation Measures					
Signatu	Signature of Executive Director	ate 13,3011 Signa	Signature of Public Housing Director	irector	Date	
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Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part II: Supporting Pages	S							
PHA Name: Eutaw Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P146501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: AL09P146501 rant No:	01-	Federal	Federal FFY of Grant: 2010	010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
AL146	Operations	1406		5.000.00		5.000.00	2 000 00	
	Mgt Improvement/ Travel/Training	1408		3,168.12		3,168.12	1.502.70	
	Telephone/ copier / internet/ comm cntr coord.	r 1410		4,331.88		4,331.88	1,252.03	
	A/E costs/ Energy Audit	1430		5.500.00		5 500 00	2 009 00	
	Exterior Doors & security screen doors			00.908,99		66,806.00	38,761.08	
	Total	Total		84,806.00		84,806.00	48,524.81	
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					i			

PODICE 3.00 MARS To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Fully 12,2011

Par	Part I: Summary					
PH.	PHA Name/Number: Eutaw Housing Authority AL-146	sing Authority	Locality (City/l Eutaw Gree	ocality (City/County & State) Eutaw Greene Alabama	Original S-Year Plan Revision No:	Revision No:
₹	Development Number and Name	Work Statement for Year I FFY	Work Statement for Year 2 FFY 2012 PHA FY: 2012	Work Statement for Year 3 FFY 2013 PHA FY: 2013	Work Statement for Year 4 FFY 2014 PHA FY: 2014	Work Statement for Year 5 FFY 2015 PHA FY 2015
B.	Physical Improvements Subtotal	Managas Statescool	Mod/Rehab Bathrooms: 82,000 In 15 Units	Mod/Rehab Bathrooms: 82,000 In 15 Units	Electrical Upgrade: 82,000 In 15 Units	Electrical Upgrade: 82,000 In 15 Units
نا	Management Improvements		Travel/Training: 2,500	Travel/Training: 2,500	Travel/Training: 2,500	Travel/Training: 2,500
<u>.</u>	PHA-Wide Non-dwelling Structures and Equipment					
ш	Administration		Telephone/Internet/Comm.Cntr Coord: 5,000	Telephone/Internet/Comm.Cntr Coord: 5,000	Telephone/Internet/Comm. Cntr Coord: 5.000	Telephone/Internet/Comm.Cntr
다.	Other		A/E: 5,500	A/E: 5,500	A/E: 5,500	A/E: 5,500
Ö,	Operations		Operations: 5,000	Operations: 5,000	Operations: 5.000	Operations: 5 000
Ξ	Demolition					00000
ᆲ	Development					
<u>.</u>	Capital Fund Financing – Debt Service			1		5
Դ.	Total CFP Funds		100,000	100,000	000'001	100 000
انا	Total Non-CFP Funds					
Σ.	Grand Total					

form HUD-50075.2 (4/2008)

	ır Year:	2013	Quantity Estimated Cost		5.000	2.500	5.000	5.500	15 82,000									timated Cost \$100,000
	Work Statement for	FFY 2013	Development Qu	General Description of Major Work Categories	1406	1408	1410	1430	1460									Subtotal of Estimated Cost
nent(s)			Estimated Cost		5,000	2,500	5,000	5,500	82,000	:			į					\$100,000
al Needs Work Stater	Work Statement for Year	FFY 2012	Quantity						15		:			1			-	Subtotal of Estimated Cost
Part II: Supporting Pages - Physical Needs Work Statement(s)	Work S		Development Number/Name	General Description of Major Work Categories	1406	1408	1410	1430	1460									Subt
Part II: Supp	Work	Statement for	Year 1 FFY 2011			[[] KKKKKKKKK]	[[]SM6646944[]]											

form HUD-50075.2 (4/2008)

Quantity Estimated Cost Development Number/Name Number/Name S,000 1406 2,500 1408 5,000 1410 5,000 1410 5,500 1410 15 82,000 1460 15 82,000 1460	Work Statement for Year	Work Work Statement for Year Statement for Year Statement for	Work S	Work Statement for Year:	
General Description of Major Work Categories Major Work Categories 1406 5,000 1410 2,500 1430 5,500 1460 15 82,000 15 82,000	Development Number/Name		Development	FFT 2013 Quantity	Estimated Cost
5,000 2,500 5,000 5,500 15 82,000			General Description of Major Work Categories		
2,500 5,000 5,500 15 82,000	1406	5,000	1406		2,000
5,000 5,500 15 82,000	1408	2,500	1408		2 500
5,500	1410	5,000	1410		5.000
15 82,000	1430	5,500	1430	;	5.500
	1460		1460	15	82,000
					3
					1
		1.00			
Subtotal of Estimated Cost \$100,000 Subtotal of	Subtotal		Subt	Subtotal of Estimated Cost	\$100,000

form HUD-50075.2 (4/2008)

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the _____5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/201 hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:

Previous version is obsolete

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
- (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
- (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of City of Eutaw	AL146
PHA Name	PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 20	<u></u>
I hereby certify that all the information stated herein, as well as any information proprosecute false claims and statements. Conviction may result in criminal and/or civ	wided in the accompaniment herewith, is true and accurate. Warning: HUD will I penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
I hereby certify that all the information stated herein, as well as any information proprosecute false claims and statements. Conviction may result in criminal and/or cive	ovided in the accompaniment herewith, is true and accurate. Warning: HUD will penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Title
prosecute false claims and statements. Conviction may result in criminal and/or civ	I penalties, (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Page 2 of 2

form HUD-50077 (4/2008)

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Housing Authority Of City Of Eutaw

PHA Name

Name of Authorized Official

Bernice H. Young

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

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	tion provided in the accompaniment herewith, is true and accurate. Warning: HUD will
prosecute false claims and statements. Conviction may result in criminal and	f/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
proceeding the process of the proces	50. 51. pondanos. (15 5.5.5. 1001, 1012, 51 0.5.C. 512), 5802)

Title

Date 07/12/11

Board Chairperson

AL146

PHA Number/HA Code

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name	
Housing Authority Of City Of Eutaw	
Program/Activity Receiving Federal Grant Funding	
AL09P146-501-11	
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) rega	zed Official, I make the following certifications and agreements to rding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse yieldtions occurring in the workplace.	(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction Employers of convicted employees must provide notice, including position title, to every grant officer or other designee or whose grant activity the convicted employee was working unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted
for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	 Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perfor Identify each sheet with the Applicant name and address and the pro	ages) the site(s) for the performance of work done in connection with the mance shall include the street address, city, county. State, and zip code.
Check here if there are workplaces on file that are not identified on the attac	
I hereby certify that all the information stated herein, as well as any info Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	ormation provided in the accompaniment herewith, is true and accurate. result in criminal and/or civil penalties.
Name of Authorized Official	Title
Jessica L. Alexander	Executive Director
x Servica of alxand	7.12.11

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Program/Activity Receiving Federal Grant Funding	
AL09P146-501-11	
The undersigned certifies, to the best of his or her knowledge ar	nd belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connec-	(3) The undersigned shall require that the language of this certification be included in the award documents for all subaward at all tiers (including subcontracts, subgrants, and contract under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
tion with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.	This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	Formation provided in the accompaniment herewith, is true and accurate. By result in criminal and/or civil penalties.
Name of Authorized Official	Title
Jessica L. Alexander	Executive Director
Signature Depica H. alkand	Date (mm/dd/yyyy)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Standard Form LLL (Rev. 7-97)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.) 1. Type of Federal Action: 2. Status of Federal Action: 3. Report Type: a. contract a. bid/offer/application a. initial filing b. grant ^Jb. initial award b. material change c. cooperative agreement c. post-award For Material Change Only: d. loan __ quarter e. loan guarantee date of last report f. loan insurance 4. Name and Address of Reporting Entity: 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name Prime Subawardee and Address of Prime: Tier _____, if known: Housing Authority Of City Of Eutaw 301 Carver Circle Eutaw, AL 35462 Congressional District, if known: 4c Congressional District, if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: U. S. Dept. Of Housing & Urban Develop Capital Funds Program CFDA Number, if applicable: _ 8. Federal Action Number, if known: 9. Award Amount, if known: 10. a. Name and Address of Lobbying Registrant b. Individuals Performing Services (including address if (if individual, last name, first name, MI): different from No. 10a) (last name, first name, MI): 11. Information requested through this form is authorized by title 31 U.S.C. section Signature: \ 1352. This disclosure of tobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made Print Name: Jessica L. Alexander or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the Title: Executive Director required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. Telephone No.: (205) 372-3926 Date: 7.12.11 Authorized for Local Reproduction Federal Use Only:

OFFICE OF THE GOVERNOR

BOB RILEY
GOVERNOR

Date:

Certifying Official of State:



ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS

DONI M. INGRAM
DIRECTOR

CERTIFICATION BY STATE OF PHA PLAN'S CONSISTENCY WITH STATE CONSOLIDATED PLAN

I, Doni M. Ingram, Director of the Alabama Department of Economic and Community Affairs, certify that the Five Year Plan for Fiscal Years 2010–2014 and the Annual Plan for Fiscal Year 2010 of the <u>Eutaw Housing Authority</u> is consistent with the Consolidated Plan of the State of Alabama prepared pursuant to 24 CFR Part 91.

Name:	Doni M. Ingram
Title:	Director Alabama Department of Economic and Community Affairs
Signature:	Mari M Sugram

June 30, 2010